Application or Docket Number

Effective October 1, 2003									10'787070			
						lumn 2)		SMALLE TYPE [(NTITY	 Of		R THAN ENTITY
TOTAL CLAIMS			38	38				RATE	FEE	٦	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FE	E 770.Q
Т	OTAL CHARGE	EABLE CLAIMS	.38 m	.38 minus 20=		18		X\$ 9=		OR	X\$18=	324
INDEPENDENT CLAIMS			6 1	6 minus 3 =		3		X43=	 	٦.	Y20	1:/-
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT				7,402	ļ	OR	 	258
<u> </u>	I the difference	e in column 1 is	loss than:	zero, enter "0" in column 2				+145=		OR	+290=	ļ
•	. •	•	٠.		•	COMMINIZ .		TOTAL		OR		1352
	·	Column 1)	AMENDE	MENDED - PART II (Column 2)				SMALL	ENTITY	OR		R TḤAN ENTITY
ENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ.	ADDI- TIONA FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	ŀ	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							Ŀ	TOTAL			TOTAL	
		(Column 1)	•	(Colum	 n 2) .	(Column 3)	А	DDIT. FEE [1	ADDIT. FEE	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER JSLY:	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total	*	Minus	A-A		=.		X\$ 9=		OR	X\$18=	
MA H	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					لِــــــــا	-	+145=		OR	+290=	
							L	TOTAL		L	TOTAL	`
		(Column 1)		(Columi	າ 2)	(Column 3)	AL	OOIT. FEE L			ADDIT. FĘE	
		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	ST :R :SLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE :
1	Total	*	Minus	***		=		X\$ 9=		OR .	X\$18=	
	ndependent	*	Minus	***		=	1	X43=			X86=	· .
F	IRST PRESEN	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-			OR		
46.66	he entry in colum	n 1 is less than the	entorio colo	nn 2 with "0	" io cole	ımo 3	+	145=	(DR L	+290=	
* # #	he "Highest Num	in T is less than the ber Previously Paid ber Previously Pai	d For IN THIS	SPAČE is le	ss than	20, enter "20."	AOO	TOTAL DIT. FEE		OR AC	TOTAL DOIT. FEE	
		er Previously Pai er Previously Paid					òund	in the appro	priate box i	in colur	nn 1,	